DOCUMENT RESUME

ED 378 256 UD 030 227

TITLE	Adolescent Mothers, AFDC and JOBS. Facts.
INSTITUTION	Center for Law and Social Policy, Washington, DC.
SPONS AGENCY	Danforth Foundation, St. Louis, Mo.; Ford Foundation, New York, N.Y.; Foundation for Child Development, New York, N.Y.; Mott (C.S.) Foundation, Flint, Mich.; Public Welfare Foundation, Washington, D.C.
PUB DATE	Mar 94
NOTE	24p.; Funding also received from the Moriah Fund.
AVAILABLE FROM	CLASP, 1616 P Street, N.W., Suite 150, Washington, DC 20036.
PUB TYPE	Statistical Data (110)
EDRS PRICE	MF01/PC01 Plus Postage.
DESCRIPTORS	*Adolescents; Age Differences; Birth Rate; Demography; *Early Parenthood; Education Work Relationship; Elementary Secondary Education; *Employment Patterns; Marital Status; *Mothers; One Parent Family; Pamphlets; Pregnancy; Social Services; Statistical Data; *Welfare Recipients
IDENTIFIERS	*Aid to Families with Dependent Children

ABSTRACT

This set of factsheets presents information and statistics about adolescent mothers in the United States in the areas of: (1) births and marriage; (2) aid to families of dependent children (AFDC); (3) education and training; (4) living arrangements; and (5) subsequent pregnancy. Even though the adolescent birth rate in the United States is considerably lower than it was in the 1950s, births are more noticeable because most adolescent mothers are unmarried. Research also reveals that the perception that all adolescent mothers receive AFDC is incorrect. Adolescent mothers account for only a small percentage of the AFDC program at any given time, they account for the majority of AFDC households over time. Although the incidence of younger adolescent mothers is troubling, the vast majority of AFDC mothers are 18 or 19. Inadequate basic education and skills remain critical factors in adolescent pregnancy and childbearing. Few programs have been able to assist adolescent mothers in delaying a subsequent pregnancy, but those that do invest resources in intensive individual counseling and other individualized services. One table presents data on subsequent births. (Contains 45 references.) (SLD)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED 378 256

Adolescent Mothers, AFDC and JOBS

— facts —

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

☒ This document has been reproduced as received from the person or organization originating it.

☐ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY
Alan W Houseman
CLASP
TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

Center for Law and Social Policy
Washington, DC

March 1994

BEST COPY AVAILABLE

CLASP

ED 378 256

ADOLESCENT MOTHERS, AFDC and JOBS

FACTSHEETS	PAGE
• BIRTHS AND MARRIAGE	1
• AFDC	4
• EDUCATION and TRAINING	6
• LIVING ARRANGEMENTS	9
• SUBSEQUENT PREGNANCY	12

Acknowledgements

For our work on teen welfare, CLASP is appreciative of the support provided by The Charles Stewart Mott Foundation, the Public Welfare Foundation, The Ford Foundation, The Foundation for Child Development, The Danforth Foundation and the Moriah Fund. The views expressed herein are solely those of the authors and do not necessarily reflect those held by the foundations.

For more on AFDC/Teen Parent issues, please contact Jodie Levin-Epstein at the Center for Law and Social Policy at 202/328-5140.

BIRTHS AND MARRIAGE

The adolescent birth rate is significantly lower than it was in the 1950's.

- In 1955, the adolescent birth rate (ages 15-19) was 90.3 per 1000 females (Moore, 1992). It reached an all-time low of 50.2 in 1986 and has risen since then to 62.1 in 1991 (National Center for Health Statistics [NCHS], as cited by Moore, 1994).

- The birth rate for females under age 15 (10-14 years) has increased. In 1970, it was 1.2 per 1000 females; but by 1990 it had risen to 1.4 (NCHS, 1993, p. 21).

Even though the 1990 adolescent birth rate in the United States is far lower than that of the 1950's, births are more "visible" today because most adolescent mothers are unmarried.

- In 1970, 30% of births to adolescents (under age 20) occurred to unmarried mothers; in 1980 it was 48%; and in 1991, it had reached 69% (Moore, 1994).

- The rate of first marriages for females ages 18-19 declined from 151.4 per 1000 in 1970 to 57.8 in 1987 (Office of Educational Research and Improvement [OERI], 1991, p.14).

In the 1980's the large increase in births to unmarried women was primarily concentrated among older women, not adolescents.

- For adolescents (15-19) the number of out of wedlock births grew from 253,000 in 1980 to 350,000 in 1990; in contrast, for adult women aged 20-24 the number of out of wedlock births grew more substantially, rising from 237,000 in 1980 to 404,000 in 1990 (U.S. House of Representatives. Committee on Ways and Means, [Greenbook], 1993, p. 1115).

- The unmarried adolescent (15-19) birth rate per 1,000 unmarried women was 28% in 1980 and rose to 43% in 1990; in contrast, the rate for adult women aged 20-24 rose from 41% to 65% over the same time period (Greenbook, 1993, p. 1115).

Births to unmarried women of all ages have increased in the United States and in other developed countries; at the same time, overall birth rates have declined.

- Between 1960 and 1986, the birth rate decreased in many industrialized countries, but the decline was less in the United States than in many others, e.g., 12% decline in the United States, 55% decline in West Germany, and a 39% decline in Italy. Birth rates have also declined in Canada, Denmark, France, Japan, Sweden, Netherlands, and the United Kingdom (OERI, 1991, p. 25).

BIRTHS AND MARRIAGE

- By 1986, the births to unmarried women as a percentage of all live births reached levels that at least doubled the 1970's rate in the United States and in other industrialized countries: United States, 23%; the Netherlands, 9%; Sweden, 48%; Denmark, 44%; France, 22%; the United Kingdom, 21%; Canada, 17%; and Italy, 6% (OERI, 1991, p. 25).

The adolescent birth rate in other countries is significantly lower than in the United States.

- Since 1970, the United States has had a higher adolescent (age 15-19) pregnancy and birth rate than other western industrialized countries such as Canada, France, Sweden, Netherlands, and the United Kingdom (Jones et al., 1986, pp. 31-33).

- Since 1970, the United States birth rate for adolescents under age 15 has been five times higher than that of France, Sweden, Netherlands, and the United Kingdom. It is four times higher than that of Canada (Jones et al., 1986, pp. 24-30).

- Since 1970, adolescent (ages 15-19) birth rates have fallen in European countries and have remained considerably lower than in the United States. In 1989, the United States adolescent birth rate of 58 per 1000 women was approximately 6.5 times higher than that of Denmark or France; 5.3 times higher than West Germany; 9.7 times higher than the Netherlands; and 1.8 times higher than the United Kingdom (Moore, 1993).

While marriage may increase family income, adolescent marriages often end in divorce.

- Married adolescent females (ages 15-19) living only with their husbands and children had a poverty rate of 28%. This was about 1/3 of the 81% poverty rate among unmarried mothers living alone with their children (Congressional Budget Office [CBO], 1990, p. xvii).

- Within five years of giving birth, those who married as adolescents (ages 14-17) were four times more likely to divorce or separate than those who married at age 20 or older (CBO, 1990, p. 10).

- In a 17-year follow up of 306 adolescent mothers (ages 14-19 at first birth) in Baltimore, approximately 33% had married by age 20. Over 50% of the marriages dissolved within five years (Furstenberg, Brooks-Gunn, & Morgan, 1987, p. 30).

BIRTHS AND MARRIAGE

- A study using 1980 Current Population Survey results of white respondents showed that the younger the age at marriage the greater the likelihood of marital dissolution. Couples with premarital births experienced marriage disruption twice as great as couples without children during the first seven months of marriage and 60% higher during 8 to 15 months of marriage. Blacks were excluded from the study due to their small numbers (Morgan & Rindfuss, 1985, pp. 1068-1069).

AFDC

The perception that all adolescent mothers receive AFDC is incorrect.

- The National Longitudinal Survey of Youth (NLSY) (1978-1984) showed that 51% of all adolescent mothers (ages 15-19 at birth of child) did not receive AFDC benefits during the initial 5 years after their first birth (CBO, 1990, p. 49).

- Among single adolescent mothers in the NLSY, 50% received AFDC benefits within a year after giving birth; and 77% received AFDC benefits within 5 years after giving birth (CBO, 1990, pp. 50-51).

- Among married adolescent mothers in the NLSY, 7% received AFDC benefits within a year of giving birth; and 25% received them within five years after giving birth (CBO, 1990, p. 52).

Many single adolescent mothers who receive AFDC do so for a short first "spell."

- The NLSY showed that 40% of single adolescent mothers left AFDC within one year and 70% within four years after giving birth (CBO, 1990, p. xvi).

Adolescent mothers account for a small percentage of the AFDC program at any given point in time, but they account for the majority of AFDC households over time.

- In 1991, about 8% of all AFDC mothers were adolescents (ages 11-19). This represents about 293,000 young women (Health and Human Services [HHS], Administration for Children and Families, Characteristics and Financial Circumstances of AFDC Recipients, 1991, p. 42-43).

- The proportion of all AFDC recipients who were age 19 or younger when they first became mothers was estimated as 54% in 1975; 55% in 1984; and 51% in 1990 (Moore, 1993).

While the incidence of younger adolescent mothers is troubling, the vast majority of AFDC adolescent mothers are 18 or 19.

- Almost 50% of the adolescent mothers who receive AFDC in a given year are 19 years old.

- In 1991, of AFDC adolescent mothers, 82% were 18 or 19: 47.2% were 19 years old and 33.4% were 18 years old. Nearly 10% (9.7%) were 17 years old; the remaining 10% were 16 years old or younger (HHS, Characteristics and Financial Circumstances, p. 43).

AFDC

AFDC caseload growth does not appear to be strongly related to the timing of increases in female-headed families (adolescents and older women).

- Between 1972 and 1989 the number of children who received AFDC decreased by 0.5 million (6%). At the same time, the number of children living in female-headed families rose by 4 million (44%) (U.S. Census Bureau, Characteristics of the Low Income Population: 1971, and Greenbook, 1991).

- Between March, 1989 and March, 1991, the number of children living in female headed families rose by 0.6 million (5%). At the same time, the number of children who received AFDC increased by 1.1 million (15%) (U.S. Census Bureau, Poverty in the United States: 1988 and 1989, Poverty in the United States: 1990).

EDUCATION and TRAINING

Inadequate basic education skills are critical factors in adolescent pregnancy and childbearing.

- The likelihood of becoming an adolescent mother by age 16 is 5 times greater for young women (ages 14-15) who score in the bottom 20% in reading and mathematical skills than for those who score in the top 50% (William T. Grant Foundation Commission [WTGFC], 1988, p. 30).

- The likelihood of becoming an adolescent parent by age 20 is 2.5 times greater for young women and 3 times greater for young men who have weak basic education skills (reading and mathematical) than for those who rank in the top half of the basic skills distribution (WTGFC, 1988, p. 31).

Academic achievement and school behavior are problems for AFDC and non-AFDC poor children.

- The National Health Interview Survey on Child Health (NHISCH) (1986) showed that among children ages 7-17: 60% of AFDC children, 55% of non-AFDC poor children, and 41% of non-poor children were in the bottom half of their class (Zill, Moore, Smith, Stief, & Coiro, 1991, p. 16).

- The NHISCH also showed that among children ages 7-17: 34% of AFDC children, 28% of non-AFDC poor children, and 15% of non-poor children had to repeat one or more grades (Zill et al., 1991, p. 16).

- The NLSY Child Supplement, 1986, (ages 4-7) showed that school suspension for AFDC and non-AFDC poor children were similar: 14% and 13% respectively. In non-poor families, 7% were suspended (Zill et al., 1991, p. 17).

- The NLSY Child Supplement also showed that almost as many non-AFDC poor children (32%) as AFDC children (34%) scored above the 90th percentile on the Behavior Problems Index. Nineteen percent of non-poor children scored in the 90th percentile (Zill et al., 1991, p. 17). The Behavior Problems Index is a short behavior scale that identifies children in need of psychological help.

States can now require AFDC adolescent mothers who have dropped out of school to participate in an educational activity.

- The Job Opportunities and Basic Skills (JOBS) Training Program was established in 1988. The teen mothers that may be required to participate in JOBS are those who are age 16-19, not enrolled in school and lacking a high school degree or its equivalent. Federal rules say that if the JOBS program operates in the area and the state has sufficient resources, the state must require

these custodial teen mothers to participate in JOBS. In most states, older parents of children under age 3 are generally "exempt" from JOBS and cannot be required to participate in the program. However, a custodial parent under 20 who has lost full-time student status can be required to participate in education-on a full time basis if the state so chooses — as soon as the infant is born. Failure to participate can result in reduction of AFDC benefits (Levin-Epstein, *Statistical Snapshot*, 1993, p. 2).

- In 1992, there were 32,000 adolescent mothers participating in JOBS Training Programs in 25 states. Participants included those who volunteered to do so while in school and those who were mandated to do so because they had dropped out of school (Levin-Epstein, 1993, p. 8).

- Roughly 1/4 of AFDC teen parents were estimated to have been enrolled in JOBS according to a 1992 General Accounting Office (GAO) analysis of 16 states' caseloads (GAO, Welfare to Work: States Move Unevenly to Serve Teen Parents in JOBS, July 1993, p. 4).

Some states have implemented Learnfare Programs which place special attendance requirements on adolescent mothers enrolled in school and those who have dropped out of school. Failure to meet the attendance requirements can result in a reduction of the AFDC grant.

- The Learnfare Program in Wisconsin applies to AFDC mothers, as well as to other AFDC adolescents. A multi-year evaluation found that Learnfare failed to improve attendance: after one year, about 33% had improved their attendance while over 50% showed poorer performance (Pawasarat, Quinn, & Stetzer, 1992).

- Adolescents (mothers or others) sanctioned under the Wisconsin Learnfare Program are often severely at-risk for child abuse or neglect. Over 40% of those sanctioned in Milwaukee were already known to be at-risk for either child abuse or neglect or were in the Children's Court System (Pawasarat and Quinn, 1990).

- Adolescent mothers in the Milwaukee Learnfare Program appear to be particularly vulnerable for abuse or neglect: of the adolescent parents from families coded for abuse and/or neglect fully 77% were sanctioned (Levin-Epstein, *States Update*, November 18, 1993, p.4).

- The Learning, Earning, and Parenting (LEAP) Program in Ohio (1989-1991) is a state-wide initiative that is mandatory for all pregnant women and custodial parents under 20 years of age who receive AFDC and do not have a high school diploma or GED certificate. LEAP imposes a $62 sanction when the attendance requirement is not met and a $62 bonus when it is met. LEAP

offers a variety of services including case management, child care assistance, and transportation to attend school. Of the adolescents eligible for LEAP, 61.3% of the program group and 51.1% of the control group remained enrolled or graduated when enrolled. Of the adolescents who were drop-outs when they enrolled in LEAP, 46.8% of the program group and 33.4% of the control group enrolled in high school or adult education. Attendance of LEAP adolescents was greater than that of the control group; and more LEAP adolescents passed the GED test. The proportion of LEAP teens for whom sanctions were requested with more three times the highest sanction rates estimated for mandatory employment and training programs for adult welfare recipients evaluated by the Manpower Demonstration on Research Corporation (Bloom, Fellerath, Long, & Wood, 1993, pp. xviii-xix).

- The federal Teenage Parent Demonstration tested mandatory participation in a case management program by new AFDC teen mothers in three localities, from 1987-1991. Of the 90% of the eligible teenagers who completed the program intake, 92% participated in subsequent activities (82% percent of the full sample). Participation in the 3 major activities ranged from 47% attending school, 29% in job training, and 33% in employment. Participation was highest amongst those who had higher basic skills, were enrolled in school at intake, did not have any health problems, were black, and/or lived with mothers not employed outside the home. Participation was lowest among school drop-outs (30 to 35 percent in any month, compared to 40 to 50 percent for high school graduates and those in school at the time of program enrollment) (Maynard, 1993, pp 1-8).

LIVING ARRANGEMENTS

Most adolescent unmarried mothers (ages 15-19) live with relatives. More black than white unmarried adolescent mothers live with relatives.

- About 33% of adolescent mothers were married and living with their husbands and children only (CBO, 1990, p. 8).

- Fifteen percent of white and 12% of black adolescent mothers were single and living alone with their children (CBO, 1990, p. 8).

- Sixty-six percent of white and 83% of black adolescent mothers who were unmarried or separated lived with relatives (CBO, 1990, p. 8).

AFDC budget rules require that when an adolescent mother lives at home, the income of her parents is counted in determining AFDC eligibility.

- Since 1981, AFDC rules have counted the income of the parents of an adolescent mother when determining her AFDC eligibility (Social Security Act, 42 U.S.C. § 602 (a)(43)). While this rule prevents middle class teen mothers from receiving AFDC, it also could push poor adolescent mothers away from their families. This is because a poor teen mother may be better able to financially care for her infant if she lives alone and receives AFDC then if she lives with her low-income parents.

While there are often short term benefits of living with relatives, they may erode over time and co-residence can signal a disadvantageous situation.

- One research study that compared adolescent mothers who lived with their parents for over two of the first five years with those who did not concluded that living with parents slightly lowered the likelihood of achieving economic security. Those who lived with parents for longer than two of the first five years postpartum were less likely to achieve economic security later in life. However, those living with parents a short time were more likely to remain enrolled in school while pregnant and during the postpartum period (Furstenberg et al., 1987, p. 70).

- After five years, adolescent mothers who remained in the family were not as well off as those who lived independently (Furstenberg et al., 1987, p. 57).

- Evaluation of a New Haven, Connecticut, alternative school program for pregnant adolescents found little difference in educational success at two years postpartum between adolescents who lived with their mothers for 18 months postpartum and those who did not (57% to 62% respectively) (Seitz, Apfel, & Rosenbaum, 1991, p. 923).

LIVING ARRANGEMENTS

- Seventeen percent (19) of 111 children born to adolescent mothers in the New Haven, Connecticut, Young Mothers Program became parents themselves before the age of 19. Many parents had suffered significant emotional loss as children. One loss was their removal from their grandmother's home before 2 years of age without replacement of her caretaking role by another nurturing relationship. The second emotional loss was having a mother who experienced a lifetime of depression (Horwitz, Klerman, Kuo, & Jekel, 1991, pp. 170-171).

Pregnant and parenting adolescents have been subject to abuse and neglect at significant levels by family members.

- A study of 535 adolescents (ages 13-21) in Washington State indicated that 66% had experienced molestation, rape, or attempted rape at some point in their lives. Fully 54% of those molested were victimized by a family member (Boyer & Fine, 1992, p. 8).

- A review of Milwaukee adolescent parents sanctioned under the Wisconsin Learnfare Program found that of those from families coded by the county for abuse or neglect 77% were sanctioned (Levin-Epstein, *States Update*, November 18, 1991, p. 4).

Under the Family Support Act (FSA) of 1988, states may require never-married minor AFDC adolescent mothers to live at home, with relatives, or in a supervised setting. States that impose FSA residence requirements may exempt adolescent mothers under certain situations, such as when the "physical or emotional health or safety of (the teen mother) would be jeopardized." However, translating this policy into practice may be difficult for states that are already hard pressed to address child welfare needs.

- Connecticut, Delaware, Georgia, Michigan, Mississippi, and Wisconsin along with Puerto Rico, and the Virgin Islands, have opted for the FSA residency restriction. In Michigan, data indicates that the number of teen parents living independently has remained essentially stable between October 1992 and September 1993. The state requires that teen mothers live at home unless they have a good reason not to. Child welfare agency staff often undertake the evaluation of the appropriateness of an independently living adolescent parent (Michigan Department of Social Services, Program Eligibility Manual: Minor Parents). The relative stability in the number living outside of the home, even after the rule has been in effect, could be due to a number of factors. Among the possible explanations for the number is that the state acknowledges that the teen mother's circumstances warrant independent living (Levin-Epstein, *States Update*, December 23, 1993, p. 11).

- Child welfare systems are generally overburdened. For example, in the last decade, the number of children in foster care has grown by nearly 70% from

262,000 in 1982 to 442,000 in 1992. During the period from 1985 to 1990, the number of children in foster care increased by 47% while the number of foster family homes declined by 27%, according to the Congressional Research Service. By the beginning of 1992 there were class action lawsuits in over 35 jurisdictions across the country designed to improve child welfare system performance (Center for Law and Social Policy [CLASP], *Family Matters*, Vol. 6, No. 1, Winter, 1994, pp 3,5).

SUBSEQUENT PREGNANCY

The consequences of multiple births during adolescence can be severe. Contraception contributes to better long-term outcomes.

- A 17 year longitudinal study of women who had given birth as adolescents showed that additional births at young ages severely constrained their ability to attend school and obtain and maintain jobs. Education and employment were essential for economic self-sufficiency in later life (Furstenberg et al., 1987, p. 75).

- Teenagers who marry are at a very high risk of having a second birth within two years of the first birth (Mott, 1986, pp. 5-12).

- Adolescent mothers continue to have larger families than older women, though family size has declined among both young and older mothers. Larger family size is associated with reduced labor force participation and increased poverty (Nord, Moore, Morrison, Brown & Myers, 1992, p. 313).

- Postpartum birth control is associated with high educational aspirations and helps determine economic self-sufficiency as an adult. In the 17 year longitudinal study, the more educationally ambitious adolescents were more likely to be using contraception at one and five years postpartum (Furstenberg et al., 1987, p. 68).

Few programs have been able to effectively assist adolescent mothers to delay a subsequent pregnancy. Those that do invest resources in intensive individual counseling and other individualized services.

- One of the earliest comprehensive programs to assist economically disadvantaged mothers to achieve economic independence was Project Redirection (1980-1983) sponsored by the Ford Foundation and the United States Department of Labor. The four-site program was for pregnant and parenting adolescents 17 years or younger without a high school diploma or GED certificate. A five year follow-up showed that participants had better employment records, higher average earnings, less welfare dependency, more positive home environments, and higher scores on parenting tests than a socio-economically matched group of women (Polit, 1989, pp. 166-168).

  Project Redirection utilized community service providers, mentors, peer group counselors, and individualized participant plans to coordinate a wide range of health, education, parenting, life-management, and employment services. Evaluation at one year showed that participants were less likely than non-participants to have experienced a subsequent pregnancy and more likely to have used contraception, completed school or be enrolled, and to have held a job. At two years, participants and non-participants were similar

on all the preceding outcomes, but participants who remained in the program for 12 or more months showed greater positive effects on school enrollment, employment, and subsequent pregnancy. However, at the five year point, the participants had a higher average number of births than the non-participants; while both groups averaged the same number of pregnancies, the non-participants had a higher average number of abortions (Polit & Kahn, 1985, pp. 152-154).

- Participants in the Illinois Ounce of Prevention (OFP) Program for adolescents 19 years old and younger (enrolled 1985-1987) were 1.4 times less likely to experience a subsequent pregnancy than a national sample drawn form the NLSY (Ruch-Ross, Jones, & Musick, 1992, p. 69).

  The OFP Program is multi-site, state-wide, and community based. It provides for up to two years of home visits and weekly peer-led parent support groups.

- A single-site home visitation program in rural New York state found that during the first four years after delivery of their first child, nurse-visited women had fewer subsequent pregnancies and postponed the birth of the second child an average of 12 months longer than women who received more limited services (e.g., free transportation for prenatal care) (Olds, Henderson, Tatelbaum, & Chamberlin, 1988, p. 1440).

  The sample included 400 women; 47% were under 19 years of age and 62% were unmarried. The treatment plan included screening, transportation services, and nine visits during pregnancy (Olds et al., 1988, p. 1437).

- A parent training program for 80 low income black adolescents (ages 13-19) during the first six months postpartum compared home-visit instruction and an infant nursery teacher aid training program with a control group. At two years, the lowest percentage of subsequent pregnancies occurred in the nursery teacher program (13%) followed by the home visit group (27%) and the control group (39%) (Field, Widmayer, Greenberg, & Stoller, 1982, p. 706).

  The home visit program consisted of 12 months of biweekly visits to train mothers in infant stimulation. The nursery intervention program provided parent and job training and income for adolescent mothers (Field et al., 1982, p. 704).

- A two-year follow up study of 106, low income, black adolescents (ages 14-19) in New Haven, CT, revealed that the longer the duration of postnatal

intervention the less the likelihood of subsequent childbearing (Seitz et al., 1991, p. 911). Of the 106 adolescent mothers, 24% became pregnant within two years after their first birth. Of the 52 who received less than the median 6-8 weeks of postnatal care, 35% became pregnant again within two years, compared to 13% of the 54 who received 6.8 or more weeks of postnatal care (Seitz et al., 1991, p. 924).

Medical, educational, and social services were provided at a center for pregnant students that was part of the New Haven school system (Seitz et al., 1991).

- A 1985-1988 community-based Adolescent Pregnancy Program (APP) in five rural counties in Washington state revealed that 11.7% of the APP group compared to 16.8% of the comparison group became pregnant within a year (McBride, 1989, p. 9).

  A case management and community network model were utilized to provide individualized services to 1132 adolescents (under 19) for an average of 13 months (McBride, 1989, pp. 4-6).

Repeat births are apparently unrelated to AFDC benefit levels.

- "Neither the baseline (AFDC) benefit level nor the incremental benefit for additional children influences young mothers' decisions to have second children according to a study of teenagers and young women through the age of 23" (Acs, 1993, pp. 1011-93).

- Additional benefits for larger families do not appear to exert an overall effect on family size according to a study of never-married women between the ages of 18-30. The researchers assert that "eliminating the benefit differentials for larger families will not influence family-size decisions" (Robins & Fronstein, 1993, pp. 1022-93).

A federal waiver has been granted to Wisconsin to conduct an experiment to determine if diminished financial resources through an adolescent parent AFDC "family size cap" will result in fewer subsequent adolescent pregnancies. Under the "cap" the families welfare grant does not increase incrementally if a new baby is added to the family. It is also questionable whether AFDC mothers have high fertility.

- A 1980-1981 study examining fertility rates among AFDC mothers (ages 15-44) in Wisconsin determined that the 45.8 fertility rate of AFDC women was lower than the 75.3 rate for Wisconsin women in general and the 71.1 rate for the United States general population (Rank, 1989, p. 299).

SUBSEQUENT PREGNANCY

- The Wisconsin study also determined that the longer a woman remained on AFDC, the less likely she was to become pregnant (Rank, 1989, p. 296).

Adolescent birth rates are not higher in states with higher AFDC grants. (Table 1).

- There is no evidence that benefit levels encourage child bearing. Welfare benefits may affect decisions about abortion, adoption, or marriage (CBO, 1990, p. 43).

- In 1990, the states with the highest adolescent (ages 18-19) birth rates per 1000 women were: New Mexico (124); Arkansas (121); Alaska (120); Nebraska (115); Arizona (112); and Texas (112) (Moore, 1993). All had AFDC benefits below the national median of $360 except Alaska ($846) and Nebraska ($364), (Office of Family Assistance [OFA], 1990-1991, p. 454). (See, Table 1, Part A).

- The states with the lowest adolescent (ages 18-19) birth rates per 1000 women in 1990 were: Massachusetts (47); Vermont (50); New Hampshire (51); Connecticut (54); Rhode Island (56); and Minnesota (58) (Moore, 1983). All had AFDC benefits above the national median and all ranked in the top 12 AFDC grant states (OFA, 1990-1991, p. 455). (See Table 1, Part C).

- The same pattern is seen for adolescents ages 15-17. In 1990, the states with the highest birth rates per 1000 women were well below the AFDC median payment: Mississippi (57); Arkansas (50); Georgia (50); Louisiana (49); Arizona (48); and Texas (48) (Moore, 1993; OFA, 1990-1991, p. 454). (See Table 1, Part B).

- The states with the lowest 1990 birth rates per 1000 women were above the AFDC median payment: North Dakota (16); New Hampshire (17); Iowa (20); Minnesota (20); and Vermont (20) (Moore, 1993; OFA, 1990-1991, p. 454). (See Table 1, Part D).

SUBSEQUENT PREGNANCY

Table 1

AFDC Grants Tend to be Higher in States with the Lowest Adolescent Birth Rates and Lower in States with the Highest Adolescent Birth Rates (1990)*

State	Birth Rate/1000 Women	AFDC Grant Rank ($)
A. States with the Highest Adolescent Birth Rates among 18-19 Year Olds		
New Mexico	124	36 (310)
Arkansas	121	48 (204)
Alaska	120	1 (846)
Nebraska	115	28 (364)
Arizona	112	38 (293)
Texas	112	51 (184)
B. States with the Highest Adolescent Birth Rates among 15-17 Year Olds		
Mississippi	57	53 (120)
Arkansas	50	48 (204)
Georgia	50	42 (516)
Louisiana	49	50 (190)
Arizona	48	38 (293)
Texas	48	51 (184)
C. States with the Lowest Adolescent Birth Rates among 18-19 Year Olds		
Massachusetts	47	7 (579)
Vermont	50	3 (679)
New Hampshire	51	12 (280)
Connecticut	54	6 (581)
Rhode Island	56	9 (554)
Minnesota	58	10 (532)
D. States with the Lowest Adolescent Birth Rates among 15-17 Year Olds		
North Dakota	16	23 (401)
New Hampshire	17	12 (516)
Iowa	20	18 (426)
Minnesota	20	10 (532)
Vermont	20	3 (679)

Note: Rank includes 50 states, Guam, Puerto Rico, Virgin Islands, and the District of Columbia.

* Birth rates for 1990 are unpublished data from the NCHS. Data will be forthcoming in Vital Statistics for the United States, 1990, Vol 1, Natality. Source is Moore (1993).

BEST COPY AVAILABLE

References

Acs, G., Urban Institute. (August, 1993). The Impact of AFDC on Young Women's Childbearing Decisions, p. 1011-93. Institute for Research on Poverty.

Bloom, D., Fellerath V., Long, D., & Wood, R.G. (May, 1993). LEAP: Interim Findings on a Welfare Initiative to Improve School Attendance Among Teenage Parents, Ohio's Learning, Earning, and Poverty Program. New York: Manpower Demonstration Research Corporation.

Boyer, D., & Fine, D. (1992). Sexual abuse as a factor in adolescent pregnancy and child maltreatment. Family Planning Perspectives, 24(1), 4-11, 19.

Committee on Ways and Means, U.S. House of Representatives, (1991). 1991 Greenbook: Background Material and Drafts on Programs within the Jurisdiction of the Committee on Ways and Means. Washington, DC

Committee on Ways and Means, U.S. House of Representatives, (1993). 1993 Greenbook: Background Material and Drafts on Programs within the Jurisdiction of the Committee on Ways and Means. Washington, DC

Congressional Budget Office. (September, 1990). Sources of Support for Adolescent Mothers. Washington, DC

Field, T., Widmayer, S., Greenberg, R., & Stoller, S. (1982). Effects of parent training on teenage mothers and their infants. Pediatrics, 69(6), 703-707.

Furstenberg, F.F. (1980). Burdens and benefits: The impact of early childbearing on the family. Journal of Social Issues, 36(1), 64-87.

Furstenberg, F.F., Brooks-Gunn, J., & Morgan, S.P. (1987). Adolescent Mothers in Later Life. Cambridge, MA: Cambridge University Press.

General Accounting Office. (July, 1993). Welfare to Work: States Move Unevenly to Serve Teen Parents in JOBS. Washington, DC

Health and Human Services, U.S. Department of. (1991). Unpublished Monthly Estimates of AFDC Caseloads. Washington, DC

Health and Human Services, U.S. Department of; Administration for Children and Families. (1991). Characteristics and Financial Circumstances of AFDC Recipients, p. 42-43. Washington, DC

Health and Human Services, U.S. Department of; Office of Family Assistance. (1990-1991). Aid to Families with Dependent Children. Washington, DC

Horwitz, S., Klerman, L.V., Kuo, H.S., & Jekel, S.F. (1991). Intergenerational transmission of school-age parenthood. Family Planning Perspectives, 23(4), 168-172, 177.

Jones, E.E., Forrest, J.D., Goldman, N., Henshaw, S., Lincoln, R., Rosoff, J.I., Westoff, C.F., & Wulf, D. (1986). Teenage Pregnancies in Industrialized Countries. New Haven, CT: Yale University Press.

Klerman, L.V., & Horwitz, S.M. (1992). Reducing adverse consequences of adolescent pregnancy and parenting: The role of service programs. Adolescent Medicine: State of the Art Reviews 3(2), 299-316.

Levin-Epstein, J. (November 18, 1991). States Update. Washington, DC: Center for Law and Social Policy.

Levin-Epstein, J. (November 8, 1993). States Update. Washington, DC: Center for Law and Social Policy.

Levin-Epstein, J. (December 23, 1993). States Update. Washington, DC: Center for Law and Social Policy.

Levin-Epstein, J. (1993). Teen Parents and JOBS: 1992 Statistical Snapshot. Washington, DC: Center for Law and Social Policy.

Maynard, R. (June, 1993). Building Self-Sufficiency Among Welfare Dependant Teenage Parents: Lessons from the Teenage Parent Demonstration: Executive Summary. Princeton, NJ: Mathematica Policy Research Inc.

McBride, D.C. (August, 1989). Washington State Adolescent Pregnancy Program: Final evaluation report summary. Steilacoom, WA: Puget Sound Research Associates.

Michigan Department of Social Services. (November 1, 1992). Program Eligibility Manual: Minor Parents. Lansing, MN.

Moore, K. (March, 1993). Facts at a glance. Washington, DC: Child Trends, Inc.

Moore, K. (January, 1992). Facts at a glance. Washington, DC: Child Trends, Inc.

Morgan, S.P., & Rindfuss, R.R. (1985). Marital disruption: Structural and temporal dimensions. American Journal of Sociology, 90(5), 1055-1077.

Mott, F. (1986). The pace of repeated childbearing among younger American mothers. Family Planning Perspectives, 18(1), 5-12.

National Center for Health Statistics. (November 16, 1992). Trends in pregnancies and pregnancy rates, United States, 1980-1988. Monthly Vital Statistics Report, 41(6), 1-11.

National Center for Health Statistics. (February 25, 1993). Advanced report of final natality statistics, 1990. Monthly Vital Statistics Report, 41 (9 supplement), 21.

Nord, C.W., Moore, K.A., Morrison, D.R., Brown, B., Meyers, D.E. (1992). Consequences of teen-age parenting. Journal of School Health, 62(7), 310-318.

Office of Educational Research and Improvement. (April, 1991). Youth indicators. Washington, DC: U.S. Department of Education.

Olds, D.L., Henderson, C.R., Tatelbaum, R., & Chamberlin, R. (1988). Improving the Life-Course Development of Socially Disadvantaged Mothers: A Randomized Trial of Nurse Home Visitation. American Journal of Public Health, 78(11), 1436-1445.

Pawasarat, J., Quinn, L., Stetzer, F. (February 5, 1992). Evaluation of the Impact of Wisconsin's Learnfare Experiment on the School Attendance of Teenagers Receiving Aid to Families with Dependent Children. Milwaukee, Wisconsin: University of Wisconsin, Employment and Training Institute.

Pawasarat, J., Quinn, L. (March, 1990). The Impact on Milwaukee County Social Service Clients. Milwaukee, Wisconsin: University of Wisconsin, Employment and Training Institute.

Polit, D.F. (1989). Effects of a Comprehensive Program for Teenage Parents: Five Years After Project Redirection. Family Planning Perspectives, 21(4), 164-175.

Polit, D.F., & Kahn, J.R. (1985). Project Redirection: Evaluation of a comprehensive program for disadvantaged teenage mothers. Family Planning Perspectives, 17(4), 150-155.

Rank, M.R. (1989). Fertility among women on welfare: Incidence and determinants. American Sociological Review, 54(2), 296-304.

Robins, P. & Fronstein, P. (September, 1993) Welfare Benefits and Family Size Decisions of Never-Married Women, p. 1022-93. Institute for Research on Poverty.

Ruch-Ross, H.S., Jones, E.D., & Musick, J.S. (1992). Comparing outcomes in a statewide program for adolescent mothers with outcomes in a national sample. Family Planning Perspectives, 24(2), 66-71, 96.

Seitz, V., Apfel, N.H., & Rosenbaum, L.K. (1991). Effects of an intervention program for pregnant adolescents: Educational outcomes at two years postpartum. American Journal of Community Psychology, 19(6), 911-930.

U.S. Census Bureau. (1971). Characteristics of the Low Income Population: 1971. Washington, DC

U.S. Census Bureau. Poverty in the United States: 1988 and 1989. Washington, DC

U.S. Census Bureau. Poverty in the United States: 1990. Washington, DC

William T. Grant Foundation, Commission on Work, Family and Citizenship. (January, 1988). The Forgotten Half: Non-College Youth in America. Washington, DC: Youth and America's Future: The William T. Grant Foundation.

Zill, H., Moore, K.A., Smith, E.W., Stief, T., & Coiro, M.J. (October 29, 1991). The Life Circumstances and Development of Children in Welfare Families: A profile Based on National Survey Data. Washington, DC: Child Trends, Inc.

For further information on CLASP
Publications, contact:

CLASP

Center for Law and Social Policy
1616 P Street, NW – Suite 150
Washington, DC 20036

202/328-5140